

## CALIFORNIA LIQUID WASTE HAULER RECORD

SFUND RECORDS CTR

999000506

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLUCK ☐ ☐ ☐ ☐ Code No.Pick up Address: 13344 So. Main L.A. (Number) (Street) (City) State

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Date: 4-23-80Type of Process ☐ ☐ ☐ ☐

which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |                                                    |                                                         |
|----------------------------------------------------|---------------------------------------------------------|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Gannery waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Water waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Muc and water              |
|                                                    | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify): ☐ ☐ ☐ Code No.

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	t	ppm
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Waste:

pH 2.200 ☐ none ☒ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 2200 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping ☐ ☐ ☐ ☐ Code No.Business Address: P.O. Box 59389 L.A. Calif 90059 (Street) (City) StateTelephone Number: 757-1855 Pick Up: (Date) Time: ☐ ☐

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: 0563 No. of Loads or Trips: 1 Unit No.: 1Vehicle: ☒ Vacuum truck ☐ barrels, ☐ flatbed, ☐ other None (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): ☐ ☐ ☐ ☐ Code No.Site Address: ☐ ☐ ☐ ☐ Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
- ☐ other (specify):

If waste is held for disposal elsewhere specify firm location

Disposal Date: 4-25-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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